

# **Exhibit 1**

☐ FATAL ☒ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total  
Num.  
Units | | | 3

Total  
Num.  
Prsns. | | | 3

TxDOT  
Crash ID 18030167.1  
/2020526284



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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IDENTIFICATION &amp; LOCATION

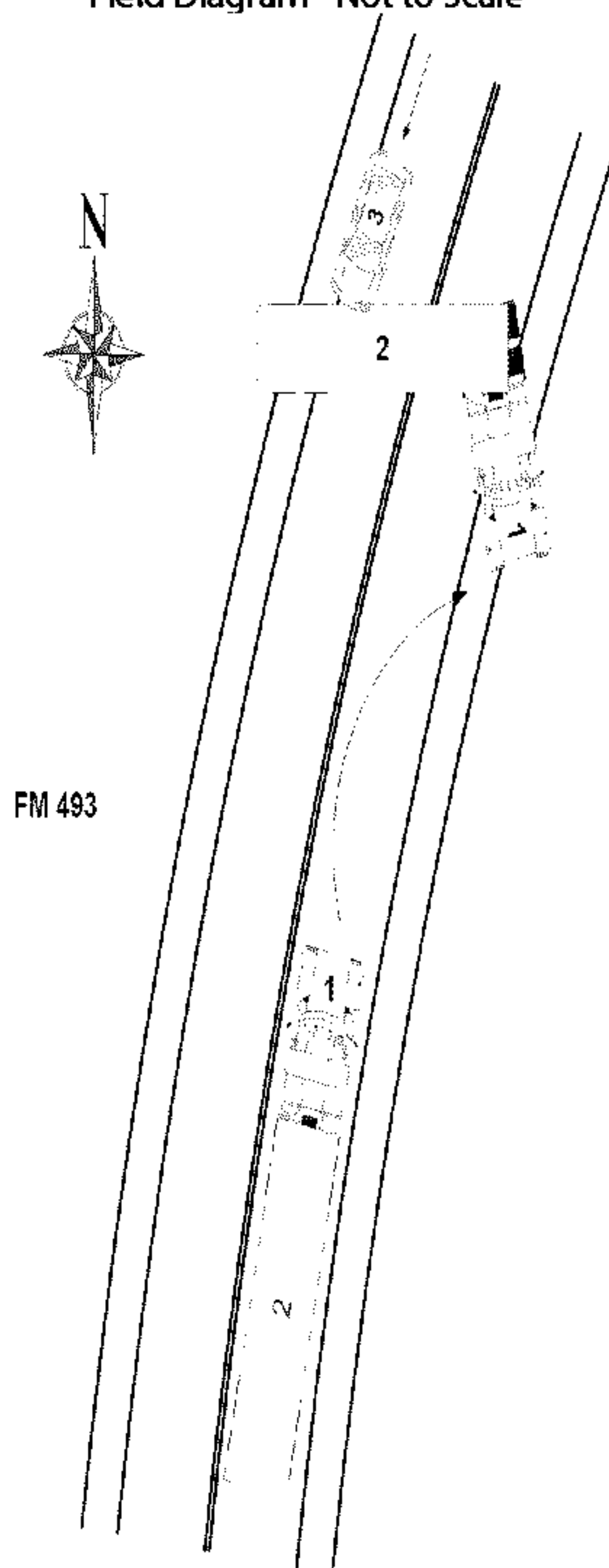
VEHICLE, DRIVER, &amp; PERSONS

VEHICLE, DRIVER, &amp; PERSONS

VEHICLE, DRIVER, &amp; PERSONS

*Crash Date (MM/DD/YYYY) 1 2 / 1 9 / 2 0 2 0		*Crash Time (24HRMM) 0 0 2 1		Case ID 3223731		Local Use	
*County Name HIDALGO				*City Name		<input checked="" type="checkbox"/> Outside City Limit	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 2 6 ' 3 1 6 7 8		Longitude — (decimal degrees) 0 9 8 ' 0 3 7 2 1	
ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. FM		*Hwy. Num. 493		2 Rdwy. Part 1		Block Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane		Speed Limit 55		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.					
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. FM		Hwy. Num. 1925		2 Rdwy. Part 1	
Block Num.		3 Street Prefix		Street Name Monte Cristo		4 Street Suffix RD	
Distance from Int. or Ref. Marker 0.23		<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker	
Street Desc.		RRX Num.					
Unit Num. 1		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State TX		LP Num. R522971		VIN 1 X K Y D P 9 X 1 F J 4 4 8 7 6 9			
Veh. Year 2 0 1 5		6. Veh. Color WHI		Veh. Make KENWORTH		Veh. Model T680	
7 Body Style TT		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type 2		DL/ID State TX		DL/ID Num. 37498292		9 DL Class A	
10 CDL End. N		11 DL Rest. 96		DOB (MM/DD/YYYY) [REDACTED] 1 9 8 4			
Address (Street, City, State, ZIP) 7513 Lilia ST Pharr, TX 78577							
Person Num. 1		12 Prsn. Type 1		13 Seat Position 1		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity N		Age 36		15 Ethnicity H		16 Sex 1	
17 Eject. 1		18 Restr. 1		19 Airbag 1		20 Helmet 97	
21 Sol. N		22 Alc. Spec. 2		Alc. Result		23 Drug Spec. 2	
24 Drug Result 99		25 Drug Category 99					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address Dakota Financial LLC, 7612 Petirrojo ST Edinburg, TX 78542					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. Name Brooklyn Specialty Insurance	
Fin. Resp. Phone Num. 305-603-7757		27 Vehicle Damage Rating 1 6 - B R - 1		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Towed By AT Wrecker, 956-787-3300		Towed To 93 E. Business 83, Alamo, TX 78516					
Unit Num. 2		5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run	
LP State TX		LP Num. 128C348		VIN 1 U Y V S 2 5 3 6 7 U 9 5 3 0 1 0			
Veh. Year 2 0 0 7		6. Veh. Color WHI		Veh. Make UTILITY TRAILER MFG		Veh. Model UNKNOWN	
7 Body Style TL		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY) / /			
Address (Street, City, State, ZIP)							
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	
14 Injury Severity		Age		15 Ethnicity		16 Sex	
17 Eject.		18 Restr.		19 Airbag		20 Helmet	
21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.	
24 Drug Result		25 Drug Category					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address Josiah's Trucking LLC, 7612 Petirrojo ST Edinburg, TX 78542					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Expired <input type="checkbox"/> Exempt		26 Fin. Resp. Type 2		Fin. Resp. Name Brooklyn Specialty Insurance	
Fin. Resp. Phone Num. 305-603-7757		27 Vehicle Damage Rating 1 9 - L B Q - 3		27 Vehicle Damage Rating 2 3 - R F Q - 1		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Towed By AT Wrecker, 956-787-3300		Towed To 93 E. Bus 83, Alamo, TX 78516					



Law Enforcement and TxDOT Use ONLY. Form CR-3 (Rev. 1/1/2018)		Case ID 3223731	Case 21-07002 Document 2-2 Filed 02/09/21 Page 3 of 5		TxDOT Crash ID 18030167.1/2020526284	Page 2 of 4																														
DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To		Taken By		Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)																											
CHARGES	Unit Num.	Prsn. Num.	Charge							Citation/Reference Num.																										
DAMAGE	Damaged Property Other Than Vehicles				Owner's Name				Owner's Address																											
CMV	Unit Num.	1	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	28 Veh. Oper.	1	29 Carrier ID Type	1	Carrier ID Num.		03431516																						
	Carrier's Corp. Name Josiah's Trucking LLC				Carrier's Primary Addr. 7612 Petirrojo ST Edinburg, TX 78542								30 Veh. Type		7																					
	31 Bus Type	0	<input checked="" type="checkbox"/> RGWW <input type="checkbox"/> GVWR	8	0	0	0	0	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.		HazMat ID Num.		33 Cargo Body Type	3																				
	Unit Num.	2	<input checked="" type="checkbox"/> RGWW <input type="checkbox"/> GVWR	1	6	0	0	0	34 Trlr. Type	2	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type		CMV Disabling Damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No																
	Sequence Of Events	35 Seq. 1		2		35 Seq. 2		13		35 Seq. 3		35 Seq. 4		Intermodal Shipping Container Permit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	8	0	0	0	0	Total Num. Axles	6													
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions																									
	Unit #	Contributing			May Have Contrib.		Contributing			May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control																		
	1	60										3	2	97	1	4	2	12																		
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)  Unit 1 is towing Unit 2. Unit 1 was traveling north on FM 493. The driver of Unit 1 was traveling north at an unsafe speed due to roadway conditions (light rain, wet road, dark). As Unit 1 was taking the curve, the driver of Unit 1 stated he felt the steering wheel jerk to the right out of his control. Unit 1 jackknifed with Unit 2; striking Unit 2's right front quarter with Unit 1's right passenger side. Unit 3 was traveling south on FM 493. Unit 3 struck Unit 2's left back quarter with its front left. The driver of Unit 1 voluntarily provided a blood specimen for alcohol and drug analysis. Results are pending.										Field Diagram - Not to Scale 																									
INVESTIGATOR	Time Notified (24HR:MM)		0		0		2		1		How Notified		DPS Communications		Time Arrived (24HRMM)		0		0		2		9		Report Date (MM/DD/YYYY)		12 / 19 / 2020									
	Invest. Comp.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed) Castillo, Genaro										ID Num.										13856													
	ORI Num.											*Agency										DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS		Service/Region/DA		H		P		3		A		0		1



☐ FATAL    ☒ CMV    ☐ SCHOOL BUS    ☐ RAILROAD    ☐ MAB    ☐ SUPPLEMENT    ☐ ACTIVE SCHOOL ZONE



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

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**Refer to Attached Code Sheet for Numbered Fields**

\*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 3 of 4

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 1 2 / 1 9 / 2 0 2 0										*Crash Time (24HRMM) 0 0 2 1										Case ID 3223731										Local Use													
	*County Name HIDALGO																				*City Name																				Outside City Limit <input checked="" type="checkbox"/>			
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										Latitude (decimal degrees) 2 6 . 3 1 6 7 8										Longitude — (decimal degrees) 0 9 8 . 0 3 7 2 1																							
	ROAD ON WHICH CRASH OCCURRED																																											
	*1 Rdwy. Sys. FM					*Hwy. Num. 493					2 Rdwy. Part 1					Block Num.					3 Street Prefix					* Street Name										4 Street Suffix								
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot										<input type="checkbox"/> Toll Road/Toll Lane					Speed Limit 55					Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					Street Desc.													
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																																											
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. Sys. FM					Hwy. Num. 1925					2. Rdwy. Part 1					Block Num.					3 Street Prefix					Street Name Monte Cristo										4 Street Suffix RD						
	Distance from Int. or Ref. Marker 0.23										<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI					3 Dir. from Int. or Ref. Marker S					Reference Marker					Street Desc.										RRX Num.								
	Unit Num. 3					5 Unit Desc. 1					<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run					LP State TX					LP Num. MYJ4854					VIN 3 N 1 A B 7 A P 2 F L 6 4 3 2 9 0																		

Veh. Year 2 0 1 5					6. Veh. Color GRY					Veh. Make NISSAN										Veh. Model SENTRA										7 Body Style P4					<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)															
8 DL/ID Type 1					DL/ID State TX					DL/ID Num. 38458464										9 DL Class C					10 CDL End. 96					11 DL Rest. A					DOB (MM/DD/YYYY) 1 9 9 7															
Address (Street, City, State, ZIP) 1822 E 29th ST Weslaco, TX 78596																																																		
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line															14 Injury Severity		Age		15 Ethnicity		16 Sex		17 Eject.		18 Restr.		19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.		24 Drug Result		25 Drug Category			
1		1		1		Ortiz, Anna Isabel															A		23		H		2		1		1		5		97		N		2				96		97		97			
2		2		3		Tellez Jr, Carlos Alberto															A		22		H		1		1		96		5		97		N		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.											
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee					Owner/Lessee Name & Address Ortiz, Anna Isabel, 3707 E US Bus 83 Lot 215 Donna, TX 78537																																													
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Expired <input type="checkbox"/> Exempt					26 Fin. Resp. Type 2					Fin. Resp. Name Loya Insurance Company										Fin. Resp. Num. 78525519362																									
Fin. Resp. Phone Num. 800-880-0472										27 Vehicle Damage Rating 1 1 2 - F L - 6										27 Vehicle Damage Rating 2 - - - - -										Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																				
Towed By Capital Towing, 956-900-1927															Towed To 10415 N. Expy 281, Edinburg, TX 78550																																			

Unit Num.					5 Unit Desc.					<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run					LP State					LP Num.					VIN																							
Veh. Year					6. Veh. Color					Veh. Make										Veh. Model										7 Body Style					<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)													
8 DL/ID Type					DL/ID State					DL/ID Num.										9 DL Class					10 CDL End.					11 DL Rest.					DOB (MM/DD/YYYY) / /													
Address (Street, City, State, ZIP)																																																
Person Num.		12 Prsn. Type		13 Seat Position		Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line															14 Injury Severity		Age		15 Ethnicity		16 Sex		17 Eject.		18 Restr.		19 Airbag		20 Helmet		21 Sol.		22 Alc. Spec.		Alc. Result		23 Drug Spec.		24 Drug Result		25 Drug Category	
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee					Owner/Lessee Name & Address																																											
Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Expired <input type="checkbox"/> Exempt					26 Fin. Resp. Type					Fin. Resp. Name										Fin. Resp. Num.																							
Fin. Resp. Phone Num.										27 Vehicle Damage Rating 1 - - - - -										27 Vehicle Damage Rating 2 - - - - -										Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Towed By															Towed To																																	



Law Enforcement and TxDOT Use ONLY. Form CR-3 (Rev. 1/1/2018)		Case ID 3223731	TxDOT Crash ID 18030167.1/2020526284		Page 4 of 4																																				
DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)																																			
	3	1	Doctors Hospital at Renaissance	Hidalgo County EMS																																					
	3	2	Doctors Hospital at Renaissance	Air Evac EMS																																					
CHARGES	Unit Num.	Prsn. Num.	Charge			Citation/Reference Num.																																			
DAMAGE	Damaged Property Other Than Vehicles			Owner's Name	Owner's Address																																				
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.																																	
	Carrier's Corp. Name			Carrier's Primary Addr.			30 Veh. Type																																		
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type																																	
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No																																	
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles																																	
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NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale																														
INVESTIGATOR	Time Notified (24HR:MM)		0		0		2		1		How Notified DPS Communications				Time Arrived (24HRMM)		0		0		2		9		Report Date (MM/DD/YYYY)				1				2		0		2		0		
	Invest. Comp.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Investigator Name (Printed) Castillo, Genaro										ID Num. 13856																										
	ORI Num.										*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS										Service/Region/DA										H		P		3		A		0		1